

# Fact Sheet: Grief and Loss

## Introduction

Grief is a natural process, an intense fundamental emotion, a universal experience which makes us human. It is a process that entails extremely hard work over a period of many painful months or years. People grieve because they are deprived of a loved one; the sense of loss is profound. The loss of a spouse, child or parent affects our very identities – the way we define ourselves as a husband, wife, parent or offspring. Moreover, grief can arise from the survivor's sudden change in circumstances after a death and the fear of not knowing what lies ahead.

The death of someone close can be a life-changing experience. If you are the primary caregiver of someone you love, this experience can affect every aspect of your life for some time. It is natural to grieve the death of a loved one before, during and after the actual time of their passing. The process of accepting the unacceptable is what grieving is all about.

## Anticipatory Grief

If someone has had a prolonged illness or serious memory impairment, family members may begin grieving the loss of the person's "former self" long before the time of death. This is sometimes referred to as "anticipatory grief." Anticipating the loss, knowing what is coming, can be just as painful as losing a life. Family members may experience guilt or shame for "wishing it were over" or seeing their loved one as already "gone" intellectually. It is important to recognize these feelings as normal. Ultimately, anticipatory grief is a way of allowing us to prepare emotionally for the inevitable. Preparing for the death of a loved one can allow family members to contemplate and clear unresolved issues and seek out the support of spiritual advisors, family and friends. And, depending on the impaired person's intellectual capacity, this can be a time to identify your loved one's wishes for burial and funeral arrangements.

## Sudden Loss

A death that happens suddenly, unexpectedly, is an immeasurable tragedy. This type of loss often generates shock and confusion for loved ones left behind. Incidents such as a fatal accident, heart attack, or suicide can leave family members perplexed and searching for answers. In these cases, family members may be left with unresolved issues, such as feelings of guilt that can haunt and overwhelm a grieving person. These feelings may seem to take over your life at first. But over time it is possible

to get past these thoughts and forgive yourself and your loved one. Give yourself plenty of time; it's virtually impossible to make yourself "move on" before you're ready.

People experiencing the sudden loss of a loved one have a particular need for support to get through the initial devastating shock, pain and anger. Family members, close friends, and clergy can be vital lifelines for the griever.

### **How Long Does Grieving Last?**

Grief impacts each individual differently. Recent research has shown that intense grieving lasts from three months to a year and many people continue experiencing profound grief for two years or more. Others' response to this extended grieving process may sometimes cause people to feel there is something wrong with them or they are behaving abnormally. This is not the case. The grieving process depends on the individual's belief system, religion, life experiences, and the type of loss suffered. Prolonged bereavement is not unusual. Many people find solace in seeking out other grievers or trusted friends. However, if feelings of being overwhelmed continue over time, professional support should be sought.

### **Symptoms of Grief**

Grief can provoke both physical and emotional symptoms, as well as spiritual insights and turmoil.

**Physical symptoms** include low energy or exhaustion, headaches or upset stomach. Some people will sleep excessively, others may find they are pushing themselves to extremes at work. These activity changes may make an individual more prone to illness. It is important to take care of yourself during this period of bereavement by maintaining a proper diet, exercise and rest. Taking care of your body can help heal the rest of you, even if you do not feel inclined to do so.

**Emotional symptoms** include memory gaps, distraction or preoccupation, irritability, depression, euphoria, wailing rages and passive resignation. Some people identify strongly with the person who died and his/her feelings. If you have experienced a loss and are hurting it is reasonable that your responses may seem "unreasonable." Nonetheless, it is important not to judge yourself too harshly as you experience conflicting and overwhelming emotions.

Like grief itself, people's coping strategies vary. Some people cope best through quiet reflection, others seek exercise or other distractions. Some have a tendency to engage in reckless or self-destructive activities (e.g., excessive drinking). It is vital to obtain support in order to regain some sense of control and to work through your feelings. A trained counselor, support group, or trusted friend can help you sort through feelings such as anxiety, loss, anger, guilt, and sadness. If depression or anxiety persist, a doctor or psychiatrist may prescribe antidepressant drugs to help alleviate feelings of hopelessness.

**Spirituality:** You may feel closer to God and more open to religious experiences than ever before. Conversely, many people express anger or outrage at God. You may feel cut off from God or from your own soul altogether – a temporary paralysis of the spirit. If you are a person of faith, you may question your faith in God, in yourself, in others or in life. A member of the clergy or spiritual advisor can help you examine the feelings you are experiencing. Learning to deal with grief is learning to live again.

### **Stages of Grief**

Often portrayed as a grief "wheel," these stages do not necessarily follow a set order. Some stages may be revisited many times as an individual goes through a grieving period.

- Shock.
- Emotional release.
- Depression, loneliness and a sense of isolation.
- Physical symptoms of distress.
- Feelings of panic.
- A sense of guilt.
- Anger or rage.
- Inability to return to usual activities.
- The gradual regaining of hope.
- Acceptance as we adjust our lives to reality.

Most people who have lost someone close go through all or some of these stages, although not necessarily in this specific order. This kind of healthy grieving can help a person move through a significant loss with minimal harm to self, either physical or mental.

### **Ethical Issues**

Often family members and caregivers are faced with the decision to allow someone to die naturally or to prolong their death and maintain life through artificial means. Physician training, hospital and nursing home policies

often dictate the use of "heroic means" to sustain life. "Reviving" a very ill person after a stroke or using a respirator for someone deemed medically "brain dead" are standard procedures used in many hospitals.

If at all possible, it is important to learn and document a person's wishes about using artificial life support before any crisis arises. A living will or durable power of attorney for health care (DPAHC) expresses a person's wishes when he or she can no longer speak for him/herself. These documents can help instruct hospitals or nursing homes on an appropriate course of action to be taken at a critical moment. By law, all hospitals must now inform patients about their right to fill out these documents.

When a person is confused, or otherwise unable to express preferences, family members are often put in the position of becoming surrogate decision makers. Such decisions present a thorny array of medical, legal, and moral questions. Decisions to provide or withhold life support are based on personal values, beliefs, and consideration for what the person might have wanted. Such decisions are painful. Family members should give themselves ample time to cope with these life and death decisions and to process feelings of doubt or blame which may surface.

### **Tips for Helping the Bereaved**

- Be available. Offer support in an unobtrusive but persistent manner.
- Listen without giving advice.
- Do not offer stories of your own. This can have the effect of dismissing the grieving person's pain.
- Allow the grieving person to use expressions of anger or bitterness, including such expressions against God. This may be normal behavior in an attempt to find meaning in what has happened.
- Realize that no one can replace or undo the loss. To heal, the individual must endure the grief process. Allow him/her to feel the pain.
- Be patient, kind and understanding without being patronizing. Don't claim to "know" what the other person is feeling.
- Don't force the individual to share feelings if he/she doesn't want to.
- Physical and emotional touch can bring great comfort to the bereaved. Don't hesitate to share a hug or handclasp when appropriate.
- Be there later, when friends and family have all gone back to their routines.
- Remember holidays, birthdays, and anniversaries which have important meaning for the bereaved. Offer support during this time. Don't be afraid of reminding the person of the loss; he/she is already thinking about it.

## **Practical Assistance for the Bereaved**

Things a person can do without asking:

- Send a card or flowers.
- Bring food.
- Water or mow their lawn.
- Donate blood.
- Contribute to a cause which is meaningful to your friend or family member.

Things a person can do to help but should ask first:

- Offer to stay in the home to take phone calls, receive food and guests.
- Offer child care on a specific date.
- Offer to care for pets.
- Offer transportation.

## **Credits**

Ballard, E. L., *Managing Grief and Bereavement: A Guide For Families and Professionals Caring for Memory Impaired Adults and Other Chronically Ill Persons*, Duke Family Support Program, Durham, NC.

Bozarth-Campbell, A., 1982, *Life Is Goodbye, Life Is Hello*, CompCare Publications, Minneapolis, MN.

Harris Lord, J., 1990, *Beyond Sympathy*, Pathfinder Publishing, Ventura, CA.

Sankar, Andrea, 1991, *Dying at Home: A Family Guide for Caregiving*, Johns Hopkins University Press, Baltimore, MD.

Westberg, Granger E., 1976, *Good Grief*, Philadelphia: Fortress Press.

## **Recommended Readings**

*Caring For a Dying Relative: A Guide for Families*, D. Doyle, 1994, 2001 Evans Road, Cary, NC 27513, Oxford University Press. (919) 677-0977.

*On Death and Dying*, Elisabeth Kubler-Ross, 1969, The Macmillan Co., New York, NY. Available at bookstores or P.O. Box 1387, Bryan, TX 77806. (800) 364-2665.

*Don't Take My Grief Away*, Doug Manning, 1979, P.O. Box 42467 N.W. Expressway, Suite 100, Oklahoma City, OK 73116, In-Sight Books. (800) 658-9262.

*Dying at Home: A Guide for Caregiving*, Andrea Sankar, 1991, The Johns Hopkins University Press, 701 W. 40th St., Baltimore, MD 21211-2190.

*How Can I Help?/What Will Help Me?*, James E. Miller, 1994, Willowgreen Publishing, 509 W. Washington Blvd., P.O. Box 25180, Fort Wayne, IN. (219) 424-7916.

*Managing Grief and Bereavement: A Guide for Families and Professionals Caring for Memory Impaired Adults and Other Chronically Ill Persons* (booklet), 1993, Duke Family Support Program, Duke University Medical Center, Durham, NC 27710. (919) 660-7510.

## **Resources**

### **Family Caregiver Alliance**

785 Market Street, Suite 750

San Francisco, CA 94103

(415) 434-3388

(800) 445-8106

Web Site: [www.caregiver.org](http://www.caregiver.org)

E-mail: [info@caregiver.org](mailto:info@caregiver.org)

Family Caregiver Alliance (FCA) seeks to improve the quality of life for caregivers through education, services, research and advocacy. Through its National Center on Caregiving, FCA offers information on current social, public policy and caregiving issues and provides assistance in the development of public and private programs for caregivers. For residents of the greater San Francisco Bay Area, FCA provides direct family support services for caregivers of those with Alzheimer's disease, stroke, head injury, Parkinson's and other debilitating disorders that strike adults.

### **Center for Loss and Life Transition**

3735 Broken Bow Road

Fort Collins, CO 80526

(970) 226-6050

### **Foundation for Hospice and Home Care**

513 C Street, NE

Stanton Park

Washington, DC 20002-5809

(202) 547-6586

### **National Hospice Organization**

1901 N. Moore St., Suite 901

Arlington, VA 22209

(800) 658-8898

### **National Research and Information Center**

(Death, Grief and Funerals)

2250 East Devon Ave., Suite 250

Des Plaines, IL 60018

(800) 662-7666

*Reviewed by Patrick Arbore, Ed.D., Center for Elderly Suicide Prevention & Grief Related Services, and Andrew Scharlach, Ph.D., Professor, School of Social Welfare, University of California, Berkeley. Prepared by Family Caregiver Alliance in cooperation with California's Caregiver Resource Centers, a statewide system of resource centers serving families and caregivers of brain-impaired adults. Funded by the California Department of Mental Health. Printed December 1996. © All rights reserved.*

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